March 24, 2026

The Honorable Senator Melissa Murray
Chair, Senate Health and Human Services Committee

Dear Senator Murray,

On behalf of Thundermist Health Center, a Rhode Island Federally Qualified Health Center serving communities across the state, I am writing to express our strong support for Senate Bill 3064 (S3064), legislation that establishes the framework for the creation of a medical school at the University of Rhode Island (URI). We commend the sponsors for advancing a critical investment in Rhode Island's healthcare workforce pipeline and for recognizing the urgent need to expand access to primary care, particularly in underserved communities.

As the General Assembly considers this legislation, we respectfully request the inclusion of two targeted amendments that would strengthen the bill's long-term workforce impact and ensure that the state's investment translates directly into increased access to care for Rhode Islanders.

Requested Amendment #1: Medicaid State Plan Amendment for Residency Training at FQHCs

We request an amendment requiring the State of Rhode Island to submit a Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) to allow for the use of $1.25 million annually to support the training of residents at Rhode Island Federally Qualified Health Centers operating an ACGME-accredited, primary care–focused residency program.

Evidence consistently demonstrates that where physicians complete residency training is a strong predictor of where they ultimately practice. National data cited by the American Medical Association and the Association of American Medical Colleges show that approximately 55–65 percent of physicians practice in the same state where they complete residency training. Importantly, retention rates increase substantially—approaching 80 percent—when physicians complete both medical school and residency training in the same state.

Prioritizing community-based residencies is specific disciplines can increase the yield of primary care physicians. Approximately 90% of residents in family medicine remain in primary care, while only half of pediatric residents and less than 20% of internal medicine residents do. In addition, outcomes from Teaching Health Center–based

residency programs demonstrate a markedly higher return on investment for primary care. Approximately 65 percent of physicians who complete residencies in Teaching Health Centers go on to practice in primary care—nearly double the rate of residents completing training in non–Teaching Health Center settings. These programs also show higher rates of practice in medically underserved and community-based settings.

Creating a new medical school at URI is an opportunity to invest in the healthcare workforce for Rhode Islanders, and to meet the most pressing gaps for patients most at need. As a primary care physician working in Woonsocket since completing my training almost 9 years ago, I see evidence every day of the difficulty patients have accessing care in a timely fashion and in their own neighborhood. This is particularly striking in Woonsocket, where patients have more need for primary care than there are providers to see them, leading to patients on wait lists for primary care services. When a PCP leaves the community, patients still have access to services but may have an extended wait before they are able to establish with a new primary care provider, and then to build the trusting, continuous relationship that is the heart of primary care and leads to high quality. Even among our group of physicians, there are constant requests from physicians struggling to find their own primary care physicians, despite arguably better knowledge in navigating the system.

Requested Amendment #2: Phased State Investment Beginning in 2030 and Aligned with URI Medical School Graduates

We further request an amendment that anticipates and authorizes state support for these residency programs beginning in 2030, upon the expiration of Rhode Island's current Rural Health Transformation funding. Importantly, this amendment would not create a new state expense prior to 2030, while still signaling the General Assembly's long-term commitment to workforce sustainability.

In addition, we recommend that the legislation include a graduated growth expectation that increases support over time to reach one primary care residency slot for each University of Rhode Island medical school graduate by 2037. This approach intentionally aligns undergraduate medical education with in-state graduate medical education capacity, maximizing the likelihood that URI-trained physicians remain in Rhode Island to practice.

It is our understanding that this approach is consistent with the workforce planning recommendations that the State has received, or is expected to receive, from Tripp-Umbach, the consulting firm engaged to support planning for the University of Rhode Island medical school. Aligning medical school class size with in-state primary care residency capacity reflects national best practice and is critical to ensuring that Rhode

Island's investment in undergraduate medical education results in a durable, in-state physician workforce.

Taken together, these amendments would ensure that Rhode Island leverages federal Medicaid dollars, strengthens primary care capacity in underserved communities, and creates a fiscally responsible, phased approach to workforce development that delivers measurable returns for patients and communities across the state.

Thank you for your leadership and your commitment to addressing Rhode Island's healthcare workforce challenges. We would welcome the opportunity to discuss these proposed amendments further and to serve as a resource as the legislation moves forward.

Respectfully submitted,

Jessica Johnson, MD, MPH, FAAFP
Director, Family Medicine Obstetric Fellowship of Rhode Island
Obstetrics Curriculum Director, Thundermist Woonsocket Family Medicine Residency
Assistant Professor, The Warren Alpert School of Medicine at Brown University
Thundermist Health Center